

REPORT OF RECEIPTS AND DISBURSEMENTS

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE-PRESIDENT

1 / 27

1. NAME OF COMMITTEE (in full) COX 2008 COMMITTEE INC		2. IDENTIFICATION NUMBER C00420224	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 3330 DUNDEE RD SUITE S3			
CITY, STATE, and ZIP CODE NOROTHBROOK IL 60062		3. IS THIS REPORT FOR : <input type="checkbox"/> Primary <input type="checkbox"/> General	

4. TYPE OF REPORT (Check here ☐ if this is a Termination Report.)

☐ April 15 Quarterly Report
☒ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report

Monthly Report Due On:

<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20
<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> January 31

☐ Twelfth day report preceding _____ (Type of Election)
 election on _____ in the State of _____
☐ Thirtieth day report following the General Election on _____
 on _____

IS THIS REPORT AN AMENDMENT ☐ YES ☒ NO

5. COVERING PERIOD	FROM	THROUGH
	04/01/2006	06/30/2006

SUMMARY	6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD	7620.62
	7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2)	88558.00
	8. SUBTOTAL (Lines 6 and 7)	96178.62
	9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	92575.19
	10. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 9 from 8)	3603.43
	11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	0.00
	12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	125000.00
	13. EXPENDITURES SUBJECT TO LIMITATION	-65873210.93
NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES	14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2)	5392.50
	15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2)	106899.54

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.

Type or Print Name of Treasurer Claremont Ruff	Date 07/14/2006
Signature of Treasurer	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. All previous versions of FEC FORM 3P are obsolete and should no longer be used.

For further information contact:	Federal Election Commission 999 E Street, N.W. Washington, DC 20463	Toll Free 800-424-9530 Local 202-694-1100
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FEC FORM 3P
(01/2001)

DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS

2 / 27

(PAGE 2, FEC FORM 3P)

Name of committee (in full)
COX 2008 COMMITTEE INC

Report Covering the Period

From: 04/01/2006

To: 06/30/2006

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)	.....	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM :			
(a) Individuals/Persons Other Than Political Committees	.....	3558.00	5392.50
(b) Political Party Committees	.....	0.00	0.00
(c) Other Political Committees	.....	0.00	0.00
(d) The Candidate	.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a) , 17(b), 17(c), 17(d))		3558.00	5392.50
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	.....	0.00	0.00
19. LOANS RECEIVED:			
(a) Loans Received From or Guaranteed by Candidate	.....	85000.00	125000.00
(b) Other Loans	.....	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))	.....	85000.00	125000.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) :			
(a) Operating	.....	0.00	0.00
(b) Fundraising	.....	0.00	0.00
(c) Legal and Accounting	.....	0.00	0.00
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a), 20(b) and 20(c))		0.00	0.00
21. OTHER RECEIPTS (Dividend, Interest, etc.)	.....	0.00	0.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)	.....	88558.00	130392.50
II. DISBURSEMENTS			
23. OPERATING EXPENDITURES	.....	84021.85	106899.54
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	.....	0.00	0.00
25. FUNDRAISING DISBURSEMENTS	.....	8553.34	19889.53
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS	.....	0.00	0.00
27. LOAN REPAYMENTS MADE :			
(a) Repayment of Loans made or Guaranteed by Candidate	.....	0.00	0.00
(b) Other Repayments	.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))	.....	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO :			
(a) Individuals/Persons Other Than Political Committees	.....	0.00	0.00
(b) Political Party Committees	.....	0.00	0.00
(c) Other Political Committees	.....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c))	.....	0.00	0.00
29. OTHER DISBURSEMENTS	.....	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	.....	92575.19	126789.07
III. CONTRIBUTED ITEMS (Stock, Art Objects, etc.)			
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	.....	0.00	

ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE
 (Used Only by Primary Committees Receiving or Expecting to Receive Federal Funds)
 (PAGE 3, FEC FORM 3P)

3 / 27

1. NAME OF COMMITTEE (in full)
COX 2008 COMMITTEE INC
ADDRESS (number and street)
 3330 DUNDEE RD SUITE S3

CITY, STATE, and ZIP CODE
 NOROTHBROOK IL 60062

2. IDENTIFICATION NUMBER
 C00420224

ALLOCATION BY STATE

STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE	STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE
Alabama	0.00	0.00	Nebraska	0.00	0.00
Alaska	0.00	0.00	Nevada	0.00	0.00
Arizona	0.00	0.00	New Hampshire	0.00	50.00
Arkansas	0.00	0.00	New Jersey	0.00	0.00
California	0.00	0.00	New Mexico	0.00	0.00
Colorado	0.00	0.00	New York	0.00	0.00
Connecticut	0.00	0.00	North Carolina	0.00	0.00
Delaware	0.00	0.00	North Dakota	0.00	0.00
District of Columbia	0.00	0.00	Ohio	0.00	0.00
Florida	0.00	0.00	Oklahoma	0.00	0.00
Georgia	0.00	0.00	Oregon	0.00	0.00
Hawaii	0.00	0.00	Pennsylvania	0.00	0.00
Idaho	0.00	0.00	Rhode Island	0.00	0.00
Illinois	0.00	134.69	South Carolina	0.00	0.00
Indiana	0.00	0.00	South Dakota	0.00	0.00
Iowa	4648.94	4648.94	Tennessee	0.00	0.00
Kansas	0.00	0.00	Texas	0.00	0.00
Kentucky	0.00	0.00	Utah	0.00	0.00
Louisiana	0.00	0.00	Vermont	0.00	0.00
Maine	0.00	0.00	Virginia	0.00	0.00
Maryland	0.00	0.00	Washington	0.00	0.00
Massachussetts	0.00	0.00	West Virginia	0.00	100.00
Michigan	0.00	0.00	Wisconsin	0.00	0.00
Minnesota	0.00	0.00	Wyoming	0.00	0.00
Mississippi	0.00	0.00	Puerto Rico	0.00	0.00
Missouri	0.00	0.00	Guam	0.00	0.00
Montana	0.00	0.00	Virgin Islands	0.00	0.00
			TOTALS	4648.94	4933.63

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 4 / 27

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Terry Adair Mailing Address 3155 Barberry Lane City State Zip Code Sacramento CA 95864 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6 Amount of Each Receipt this Period 50.00
Name of Employer Terry M. Adair DDS Occupation Dentist Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 50.00		Transaction ID: SA17A.4444
B. Full Name (Last, First, Middle Initial) Craig Bergman Mailing Address 3330 Dundee Rd Suite S 3 City State Zip Code Northbrook IL 60062 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 6 Amount of Each Receipt this Period 2000.00
Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00		In-kind - Telephone Transaction ID: SA17A.4452
C. Full Name (Last, First, Middle Initial) Greg Forristall Mailing Address 11917 370th Street City State Zip Code Macedonia IA 51549 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6 Amount of Each Receipt this Period 100.00
Name of Employer Self-Employed Occupation Financial Services Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 100.00		Transaction ID: SA17A.4448

SUBTOTAL of Receipts This Page (optional)

2150.00

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 27

(check only one)

16	<input checked="" type="checkbox"/>	17a	<input type="checkbox"/>	17b	<input type="checkbox"/>	17c	<input type="checkbox"/>	17d	<input type="checkbox"/>	18
19a		19b		20a		20b		20c		21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Phillip Matthes Mailing Address 102 Jane Randolph Street City State Zip Code Forest VA 24551 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6 Amount of Each Receipt this Period 25.00
Name of Employer Banker Steel Occupation Steelworker Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 25.00 Transaction ID: SA17A.4446
B. Full Name (Last, First, Middle Initial) John Sanders Mailing Address 2602 Palo Duro Dr 133 City State Zip Code San Angelo TX 76904 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6 Amount of Each Receipt this Period 25.00
Name of Employer US Air Force Occupation Web Master Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 25.00 Transaction ID: SA17A.4440
C. Full Name (Last, First, Middle Initial) Art Smith Mailing Address 1996 Penfield Road City State Zip Code Penfield NY 14526 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 6 Amount of Each Receipt this Period 25.00
Name of Employer RBC Dain Rouscher Occupation Financial Consultant Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 25.00 Transaction ID: SA17A.4450

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 27

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

A.

Full Name (Last, First, Middle Initial)

Harvey Smith

Mailing Address

3310 Seminole

City

Naples

State

FL

Zip Code

34112

FEC ID number of contributing
federal political committee.

Name of Employer
GGB Industries

Occupation
Machinist

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 6

Amount of Each Receipt this Period

50.00

Transaction ID: SA17A.4442

SUBTOTAL of Receipts This Page (optional)

50.00

TOTAL This Period (last page this line number only)

2275.00

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 27

(check only one)

☐ 16 ☐ 17a ☐ 17b ☐ 17c ☐ 17d ☐ 18
☒ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) JOHN H COX		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6	
Mailing Address 55 E ERIE			
City	State	Zip Code	
CHICAGO	IL	60611	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 10000.00	
Name of Employer		Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 50000.00	
		Loan Transaction ID: SA19A.4429	
B. Full Name (Last, First, Middle Initial) JOHN H COX		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6	
Mailing Address 55 E ERIE			
City	State	Zip Code	
CHICAGO	IL	60611	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 20000.00	
Name of Employer		Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 70000.00	
		Loan Transaction ID: SA19A.4432	
C. Full Name (Last, First, Middle Initial) JOHN H COX		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6	
Mailing Address 55 E ERIE			
City	State	Zip Code	
CHICAGO	IL	60611	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 20000.00	
Name of Employer		Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 90000.00	
		Loan Transaction ID: SA19A.4433	

SUBTOTAL of Receipts This Page (optional)

50000.00

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 27

(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input checked="" type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) JOHN H COX		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		1	1		2	0	0	6														
Mailing Address 55 E ERIE		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">20000.00</td> </tr> </table>		20000.00																			
20000.00																							
City CHICAGO	State IL	Zip Code 60611																					
FEC ID number of contributing federal political committee.		Loan																					
Name of Employer	Occupation																						
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td colspan="10">110000.00</td> </tr> </table>		110000.00																			
110000.00																							
Full Name (Last, First, Middle Initial) JOHN H COX		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	0		2	0	0	6														
Mailing Address 55 E ERIE		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">15000.00</td> </tr> </table>		15000.00																			
15000.00																							
City CHICAGO	State IL	Zip Code 60611																					
FEC ID number of contributing federal political committee.		Loan																					
Name of Employer	Occupation																						
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td colspan="10">125000.00</td> </tr> </table>		125000.00																			
125000.00																							
Transaction ID: SA19A.4434		Transaction ID: SA19A.4435																					

SUBTOTAL of Receipts This Page (optional)

35000.00

TOTAL This Period (last page this line number only)

85000.00

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 27

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Patrick Anderson

Mailing Address 19897 Country Hwy D-47

City Hubbard State IA Zip Code 50122

Purpose of Disbursement
Salary

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4353

Date of Disbursement

05 / 11 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Patrick Anderson

Mailing Address 19897 Country Hwy D-47

City Hubbard State IA Zip Code 50122

Purpose of Disbursement
Salary

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4368

Date of Disbursement

06 / 02 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Patrick Anderson

Mailing Address 19897 Country Hwy D-47

City Hubbard State IA Zip Code 50122

Purpose of Disbursement
Salary

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4372

Date of Disbursement

06 / 06 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 27

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Patrick Anderson

Mailing Address 19897 Country Hwy D-47

City Hubbard State IA Zip Code 50122

Purpose of Disbursement
Telephone

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4412

Date of Disbursement

06 / 22 / 2006

Amount of Each Disbursement this Period

712.92

Full Name (Last, First, Middle Initial)

B. Matt Barber

Mailing Address 144 E Kennilworth Ave

City Villa Park State IL Zip Code 60181

Purpose of Disbursement
Salary

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4260

Date of Disbursement

04 / 24 / 2006

Amount of Each Disbursement this Period

3607.63

Full Name (Last, First, Middle Initial)

C. Matt Barber

Mailing Address 144 E Kennilworth Ave

City Villa Park State IL Zip Code 60181

Purpose of Disbursement
Salary

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4262

Date of Disbursement

05 / 02 / 2006

Amount of Each Disbursement this Period

4589.42

SUBTOTAL of Disbursements This Page (optional)

8909.97

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 27

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Craig Bergman

Mailing Address 3330 Dundee Rd Suite S 3

City Northbrook State IL Zip Code 60062

Purpose of Disbursement

Travel Expenses

Candidate Name

COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4259

Date of Disbursement

04 / 19 / 2006

Amount of Each Disbursement this Period

6691.05

Full Name (Last, First, Middle Initial)

B. Craig Bergman

Mailing Address 3330 Dundee Rd Suite S 3

City Northbrook State IL Zip Code 60062

Purpose of Disbursement

Travel Expenses

Candidate Name

COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4350

Date of Disbursement

05 / 11 / 2006

Amount of Each Disbursement this Period

5988.75

Full Name (Last, First, Middle Initial)

C. Craig Bergman

Mailing Address 3330 Dundee Rd Suite S 3

City Northbrook State IL Zip Code 60062

Purpose of Disbursement

In-kind - Telephone

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4453

Date of Disbursement

06 / 25 / 2006

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

14679.80

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Constantine Financial Services, Inc.

Mailing Address 2400 EarlsGate Ct

City Reston State VA Zip Code 20191

Purpose of Disbursement
Accounting

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4431

Date of Disbursement

06 / 19 / 2006

Amount of Each Disbursement this Period

2150.00

Full Name (Last, First, Middle Initial)

B. JOHN H COX

Mailing Address 55 E ERIE

City CHICAGO State IL Zip Code 60611

Purpose of Disbursement
Campaign Travel

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4348

Date of Disbursement

05 / 04 / 2006

Amount of Each Disbursement this Period

15778.51

Full Name (Last, First, Middle Initial)

C. Jay Heine

Mailing Address 6010 Meredith Drive

City Urbandale State IA Zip Code 50322

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4385

Date of Disbursement

06 / 12 / 2006

Amount of Each Disbursement this Period

355.50

SUBTOTAL of Disbursements This Page (optional)

18284.01

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Innovative Mail Services, Inc.		Transaction ID: SB23.4366 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		0	1		2	0	0	6													
Mailing Address 1255 Rand Road		Amount of Each Disbursement this Period <table border="1"> <tr> <td>1625.00</td> </tr> </table>	1625.00																			
1625.00																						
City Des Plaines State IL Zip Code 80016																						
Purpose of Disbursement Direct Mail																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Nathan Martin		Transaction ID: SB23.4364 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		0	2		2	0	0	6													
Mailing Address 483 Parkview Street		Amount of Each Disbursement this Period <table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																						
City Mansfield State OH Zip Code 44903																						
Purpose of Disbursement Salary																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Nathan Martin		Transaction ID: SB23.4369 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		0	6		2	0	0	6													
Mailing Address 483 Parkview Street		Amount of Each Disbursement this Period <table border="1"> <tr> <td>800.60</td> </tr> </table>	800.60																			
800.60																						
City Mansfield State OH Zip Code 44903																						
Purpose of Disbursement Salary																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4925.60

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Nathan Martin		Transaction ID: SB23.4405 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 9 / 2 0 0 6</div> </div>
Mailing Address 483 Parkview Street		Amount of Each Disbursement this Period <div>1474.67</div>
City Mansfield State OH Zip Code 44903		
Purpose of Disbursement Salary Candidate Name	<div>101</div> Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Nathan Martin		Transaction ID: SB23.4413 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 2 / 2 0 0 6</div> </div>
Mailing Address 483 Parkview Street		Amount of Each Disbursement this Period <div>500.00</div>
City Mansfield State OH Zip Code 44903		
Purpose of Disbursement Salary Candidate Name	<div>101</div> Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Martin E Janis & Company Inc		Transaction ID: SB23.4357 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 1 / 2 0 0 6</div> </div>
Mailing Address 625 North Michigan Ave Suite 420		Amount of Each Disbursement this Period <div>3000.00</div>
City Chicago State IL Zip Code 60611		
Purpose of Disbursement Public Relations Candidate Name	<div>102</div> Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>4974.67</div>
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Martin E Janis & Company Inc

Mailing Address 625 North Michigan Ave Suite 420

City Chicago State IL Zip Code 60611

Purpose of Disbursement

Public Relations

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4414

Date of Disbursement

06 / 22 / 2006

Amount of Each Disbursement this Period

4134.17

Full Name (Last, First, Middle Initial)

B. Martin E Janis & Company Inc

Mailing Address 625 North Michigan Ave Suite 420

City Chicago State IL Zip Code 60611

Purpose of Disbursement

Public Relations

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4418

Date of Disbursement

06 / 27 / 2006

Amount of Each Disbursement this Period

406.22

Full Name (Last, First, Middle Initial)

C. Devon Oman

Mailing Address PO Box 1145

City Charlestown State WV Zip Code 25324

Purpose of Disbursement

Salary

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4351

Date of Disbursement

05 / 11 / 2006

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

7540.39

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. REPUBLICAN PARTY OF IOWA

Mailing Address 621 E. Ninth Street

City State Zip Code
Des Moines IA 50309

Purpose of Disbursement

Rent

Candidate Name

104
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4370

Date of Disbursement

06 / 06 / 2006

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. RMG Inc

Mailing Address 5015 Mac Corkle Ave SW

City State Zip Code
South Charleston WV 25309

Purpose of Disbursement

Salary

Candidate Name

COX 2008 COMMITTEE INC

Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.4361

Date of Disbursement

06 / 01 / 2006

Amount of Each Disbursement this Period

3739.66

Full Name (Last, First, Middle Initial)

C. RMG Inc

Mailing Address 5015 Mac Corkle Ave SW

City State Zip Code
South Charleston WV 25309

Purpose of Disbursement

Salary

Candidate Name

COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.4363

Date of Disbursement

06 / 01 / 2006

Amount of Each Disbursement this Period

1622.08

SUBTOTAL of Disbursements This Page (optional)

8361.74

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) RMG Inc		Transaction ID: SB23.4387 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 6 / 2 0 0 6</div> </div>
Mailing Address 5015 Mac Corkle Ave SW		Amount of Each Disbursement this Period <div>2500.00</div>
City South Charleston State WV Zip Code 25309		
Purpose of Disbursement Salary	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) RMG Inc		Transaction ID: SB23.4408 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 0 / 2 0 0 6</div> </div>
Mailing Address 5015 Mac Corkle Ave SW		Amount of Each Disbursement this Period <div>520.08</div>
City South Charleston State WV Zip Code 25309		
Purpose of Disbursement Telephone	<div>101</div> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) RMG Inc		Transaction ID: SB23.4409 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 0 / 2 0 0 6</div> </div>
Mailing Address 5015 Mac Corkle Ave SW		Amount of Each Disbursement this Period <div>1500.00</div>
City South Charleston State WV Zip Code 25309		
Purpose of Disbursement Salary	<div>101</div> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

4520.08

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) RMG Inc		Transaction ID: SB23.4410 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 0 / 2 0 0 6</div> </div>	
Mailing Address 5015 Mac Corkle Ave SW		Amount of Each Disbursement this Period <div>713.50</div>	
City South Charleston State WV Zip Code 25309	Purpose of Disbursement Travel	<div>101</div> Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Jason Rowe		Transaction ID: SB23.4415 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 3 / 2 0 0 6</div> </div>	
Mailing Address 921 Issac Drive		Amount of Each Disbursement this Period <div>500.00</div>	
City Hemmingway State SC Zip Code 29554	Purpose of Disbursement Salary	<div>101</div> Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) SOUTH CAROLINA REPUBLICAN PARTY		Transaction ID: SB23.4258 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 5 / 2 0 0 6</div> </div>	
Mailing Address P O Box 12373		Amount of Each Disbursement this Period <div>2500.00</div>	
City Columbia State SC Zip Code 29211	Purpose of Disbursement Event Rental	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

3713.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial)
Nathan Tabor

Mailing Address PO Box 603

City Kernersville State NC Zip Code 27285

Purpose of Disbursement
Salary

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4355

Date of Disbursement

05 / 11 / 2006

Amount of Each Disbursement this Period

2000.00

B. Full Name (Last, First, Middle Initial)
Nathan Tabor

Mailing Address PO Box 603

City Kernersville State NC Zip Code 27285

Purpose of Disbursement
Salary

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4400

Date of Disbursement

06 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

82909.76

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input checked="" type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Color Craft Printing

Mailing Address 7621 Baltimore Annapolis Blvd

City State Zip Code
Glen Burnie MD 21060

Purpose of Disbursement
Direct Mail

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB25.4421

Date of Disbursement

M M / D D / Y Y Y Y
05 / 23 / 2006

Amount of Each Disbursement this Period

7224.36

B. Color Craft Printing

Mailing Address 7621 Baltimore Annapolis Blvd

City State Zip Code
Glen Burnie MD 21060

Purpose of Disbursement
Direct Mail

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB25.4422

Date of Disbursement

M M / D D / Y Y Y Y
05 / 23 / 2006

Amount of Each Disbursement this Period

1328.98

SUBTOTAL of Disbursements This Page (optional)

8553.34

TOTAL This Period (last page this line number only)

8553.34

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4100

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 2D D
0 3Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4101

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO State IL ZIP Code 60611

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 3D D
0 6Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

15000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4429

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 4D D
1 9Y Y Y Y
2 0 0 6

12/31/2008

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

10000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4432

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 5D D
0 4Y Y Y Y
2 0 0 6

12/31/2008

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4433

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 5D D
1 0Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4434

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 5D D
1 1Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 27 / 27

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4435

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO State IL ZIP Code 60611

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 6D D
2 0Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

15000.00

TOTALS This Period (last page in this line only) ▶

125000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.